PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

2527-02 WE

CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE			OTHER THA	
TOTAL CLAIMS 25								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			% minus 20=		*	5		X\$ 9=	US	OR	X\$18=	
INDEPENDENT CLAIMS 4 minu				nus 3 =	*	1		X40=	40	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	-	OR	+270=	
* If the difference in column 1 is less than zero, ente					r "0" in d	column 2		TOTAL	1040	OR	TOTAL	
CLAIMS AS AMENDED - PART II								SMALL E		OR	OTHER SMALL I	
	AND THE RESIDENCE OF THE PERSON AND	(Column 1)	723		mn 2) IEST	(Column 3)	1 1	SIVIALL	ADDI-		JINALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
VDME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		-		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM]	+135=		OR	+270=	·
							İ	TOTAL			TOTAL	
		(Column 1)	-	(Colu	ımn 2)	(Column 3)		ADDIT. FEE		4	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER		HIGI NUM PREVI	HEST MBER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	, FUR	=		X\$ 9=	1	OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
<u></u>	FIRST PRESENTATION OF MULTIPLE DEPENDEN			PENDEN	T CLAIN]			1	+270=	
								+135= TOTAL		OR	+270= TOTAL	`
										OR	ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3)	4			•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						_				<u> </u>	
*	If the entry in eating	ımn 1 je lese then	the entry in eat	ump 2 we	ita "N" in a	olumn 3		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												<u></u>
	The "Highest Nur	nber Previously P	aid For" (Total o	r Indenen	dent) is th	ne highest numb	er fo	und in the ap	propriate bo	x in c	olumn 1.	